

# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e					one form for ea	ach bus route that			
<b>Due Date</b> All Routes			County Suprectober 1	To OPI October 15		Rate Per Mile \$1.36			
County Name		County Number	District	Name		Legal Entity Number			
Glacier		18	Brown	ning Public Schools		0400 0401			
Route #	Length of Ro	oute (miles per day)	Type of	Service   Bus Route Mi  Non Bus Mile		Rated Capacity			
7	90.8		Bus R	oute Mileage	66				
Vehicle I.D. # License #			□ District	Owned Council	District Own	ed			
7998	7998 201			cted rate per mile					
Reimbursement Distribution- Er	nter the legal e		age of state/co match budget		aid to each dis	trict. Note: Percentages			
Legal Entity 0400			Legal E		Legal Entity	у			
	0400								
% 100.00	%		%		%				
PASSENGER INFORMATION		ELEMENTARY RI	DERS	HIGH SCHOOL RI	DERS	TOTAL			
Number of Preschool/Kindergar riding this route	ten pupils	(Grades PK-8		(Grades 9-12		ELIGIBLE RIDERS			
				b NUMBER		c a+b			
Regular (include eligible Preschool/liriders)	Kindergarten	NUMBER							
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance								
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.									
Signature - Chair, Board of Trustees	<b>;</b>				Date				
This Application for Registration area assigned to it by the Count	of School Bus ty Transportati	s and State Reimburseme on Committee.		accordance with Section 2 viewed and I certify that this	bus operates				
Signature - Chair, County Transport	ation Committee				Date				



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 Legal Entity Number County Name County Number District Name **Browning Public Schools** 0400 0401 Glacier 18 Type of Service ☐ Bus Route Mileage Length of Route (miles per day) Route # Rated Capacity □ Non Bus Mileage 17 8.4 **Bus Route Mileage** Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 1623 38-3 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0400 0401 40.00 % % % 60.00 % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades 9-12) **ELIGIBLE RIDERS** (Grades PK-8) riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e							one form for e	each bus route that
	ŭ	папърс	· ·	, ,				Rate Per Mile
<b>Due Date</b> All Routes				ounty Sup ber 1	•	<b>To OPI</b> October 15		\$1.80
County Name			County Number	District	Name			Legal Entity Number
Glacier			18	Brown	ning Publ	ic Schools		0400 0401
Route #	Length of	Route	(miles per day)		Type of Service ☐ Bus Route Mi			Rated Capacity
14	13			Bus F	□ Non Bus Mileage  Bus Route Mileage 84			
Vehicle I.D. #	/ehicle I.D. # License #				Owned	_	District Owr	ned
5812	812 133				ct - If so, N cted rate p	ame of Owner er mile		
Reimbursement Distribution- Er	nter the lega	l entity				ursement to be pa	aid to each di	strict. Note: Percentages
Legal Entity Legal Entity				atch budge Legal E			Legal Enti	ty
			401					
0/ 00 00				0/			0/	
% 60.00  PASSENGER INFORMATION	%	40.	.00	%			%	
		T	ELEMENTARY RIDE	RS	Н	IGH SCHOOL RI		TOTAL
Number of Preschool/Kindergal riding this route	ten pupils		(Grades PK-8)			(Grades 9-12	)	ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a + b
Regular (include eligible Preschool/liriders)								
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attended)								
agreement) (Include ineligible Preschool/Kinderg								
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus w County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lic We also agree to refrain from sol We understand that violations of this bus route. We agree that if this route crosse the school boards of both districts sl We understand route changes of	We further cerbus and bus ro meets the mir ensed, qualificiting or caus the laws, rules as district lines hall be attached	rtify that ute by t nimum s ed and a ing other s or reg and tra- ed to the	this bus transports pupils e the State Superintendent; to standards as established by approved driver to operate s ers to solicit students from o ulations governing school transports students from outsi e county superintendent's co	ligible for sch make such r the Board of uch vehicle a ther transportation de the districtory of this do	nool transpor reports to the Public Educa is required by tation areas. will be suffici t, a copy of the cument.	tation as defined by State Superintende ation, the Montana I y 20-10-103, MCA. ient cause for withhous the agreement between	20-10-101, MC ent and County Highway Patrol olding of state a een Boards, 20	CA. Superintendent as are and the State and county reimbursement for -10-126(2) MCA, signed by
accordance with 20-10-132, MCA.  I certify that this application for	•					•	•	•
bus operates on the route as ap Signature - Chair, Board of Trustees		ind With	nin the transportation sei	vice area a	issigned by	the County Trans	sportation Co Date	mmtee.
This Application for Registration area assigned to it by the Coun	of School E	Bus and						
Signature - Chair, County Transport							Date	
							Ī	



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ex						complete one form for			
<b>Due Dates</b> All Routes	<b>3:</b>			ounty Supt ber 1		PI per 15	Rate Per Mile \$1.80		
County Name		County Nur	nber	District	Name		Legal Entity Number		
Glacier		18		Browning Public Schools			0400 0401		
Route #	Length of R	oute (miles per da	y)	Type of Service ☐ Bus Route Mi ☐ Non Bus Mile			Rated Capacity		
16	13.5		Ţ	Bus R	oute Mileage		84		
Vehicle I.D. # License # 4993 64					ct - If so, Name of	District Ow Owner	ned		
	entity number and	☐ Contracted rate per mile  Imber and percentage of state/county reimbursement to be paid to each district. Note: Percentages							
Legal Entity		atch budget Legal E	!	Legal En	<u></u>				
Legal Entity Under the second				Legal L	nucy	Legal Lil	inty		
% 60.00 % 40.00				%		%			
PASSENGER INFORMATION									
Number of Preschool/Kindergard riding this route	ten pupils		「ARY RIDE des PK-8)	RS		HOOL RIDERS ades 9-12)	TOTAL ELIGIBLE RIDERS		
	a NUMBER			N	b UMBER	c a + b			
Regular (include eligible Preschool/K riders)	INC	JWDLIX		IV	OMBLIC	a + b			
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., t miles OR nonresident and no attenda agreement)	ance								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	arten riders)								
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.									
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.									
Signature - Chair, Board of Trustees									
County T This Application for Registration area assigned to it by the Count	of School Bu	is and State Reiml				Section 20-10-132, No. fy that this bus operate			
Signature - Chair, County Transporta						Date	_		



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This fame is no miles			- 00 0	Observation AO Devit 4 MO	<u> </u>	) - l l - d'	. A			
				Chapter 10, Part 1, MC. ortees of another legal					one form for e	acri bus route that
		· ·		ŭ		, ,				Rate Per Mile
	Due Dates: All Routes	•			<b>Cou</b> tobe	nty Supt		To OPI October 15		\$1.80
										·
County Name				County Number		District	Name			Legal Entity Number
Glacier				18		Brown	ing Publi	c Schools		0400 0401
Route #		Length of I	Route	(miles per day)		Type of Service □ Bus Route Mileage				Rated Capacity
20		17.5				□ Non Bus Mileage			age	84
Vehicle I.D. #		Licen	se#		Bus Route Mileage 84  □ District Owned District Owned				<u> </u>	
0404					☐ District Owned District Owned ☐ Contract - If so, Name of Owner					icu
2494 263						Contra	cted rate pe	er mile		
Reimbursement Di	stribution- Ente	er the legal	entity					rsement to be p	aid to each dis	strict. Note: Percentages
Legal Entity		Lega	l Entity		natc	h budget Legal E			Legal Enti	tv
0400 Cegai Entity						,		5	-9	
<b>%</b> 60.00 <b>%</b> 40.00			00		%			%		
PASSENGER INFO	ORMATION		T	ELEMENTA DV DID	EDC		1.11/		DEDO	TOTAL
Number of Prescho	ool/Kindergarte	en pupils		ELEMENTARY RID (Grades PK-8)		>	HIG	GH SCHOOL RI Grades 9-12)		TOTAL ELIGIBLE RIDERS
riding this route		<u> </u>		,					,	
				a				b		С
	NUMBER								a + b	
Regular (include eligil riders)	ble Preschool/Ki	ndergarten								
1st Wheelchair (WC)										
2nd Wheelchair (WC)	)									
Additional Wheelchair	rs (WC)									
Non-WC IEP Lists Tra	ans as Related S	Service								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Scho										
miles OR nonresident agreement)	t and no attenda	nce								
(Include ineligible Pre Nonpublic School Rid		arten riders)								_
	iers (irieligible)									
TOTAL RIDERS										
We hereby certify	that this bus will	operate enti	rely on	the route established by the	he Bo	oard of Tru	stees and wit	thin the transporta	tion area assign	ed and approved by the
				this bus transports pupils he State Superintendent;						
required; to provide a	vehicle which m	neets the min	imum s	tandards as established b	y the	Board of	Public Educa	tion, the Montana		
We also agree to	refrain from solic	iting or causi	ing othe	approved driver to operate ers to solicit students from	othe	r transpor	ation areas.			
We understand the this bus route.	at violations of th	ne laws, rules	or regi	ulations governing school	trans	sportation	will be sufficie	ent cause for withh	olding of state a	nd county reimbursement for
We agree that if th								e agreement betw	een Boards, 20-	10-126(2) MCA, signed by
We understand ro	ute changes occ			e county superintendent's on cool year require the filing				and approval of the	County Transp	ortation Committee in
accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the										
	bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.									
Signature - Chair, Board of Trustees  Date										
	County Tr	ransnorteti	ion Co	ommittee Approval as	ron	uired in	accordance	e with Section	 20-10-132 M/	ΣΔ
	r Registration of	of School B	Bus and	d State Reimbursemen						s within the transportation
area assigned to it	<u> </u>			committee.					Data	
Signature - Chair, Co	unty Transportat		ee						Date	



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is requir	ed in accordance	with Title	20, Chapter 10, Part	1, MCA.	School dis	strict official	must complete o	one form for ea	ach bus route that
	nbursement even		insportees of another	legal en	tity may ut	ilize the serv	rices.		Rate Per Mile
	<b>Due Dates:</b> All Routes			Octob	er 1		To OPI October 15		\$1.80
County Name			County Numbe	er	District	Name			Legal Entity Number
Glacier			18		Brown	ing Public	Schools		0400 0401
Route #	Le	ength of Ro	oute (miles per day)		Type of Service ☐ Bus Route Mil ☐ Non Bus Milea			-	Rated Capacity
18	1	8.6			Bus Route Mileage			age	90
Vehicle I.D. # License #			e #		□ District		me of Owner	District Own	ed
0059 150						cted rate per			
Reimbursement D	istribution- Enter	the legal e			of state/co tch budget		sement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity	Entity	must ma	Legal E			Legal Entit	у		
0400			0401						
% 60.00 % 40			40.00		%			%	
PASSENGER INF	ORMATION								_
Number of Preschool/Kindergarten pupils riding this route			ELEMENTAR (Grades		RS	HIG	Grades 9-12		TOTAL ELIGIBLE RIDERS
	a NUMB								c a + b
Regular (include eligible Preschool/Kindergarten riders)			NOWBER				NOMBLIX		u + 5
1st Wheelchair (WC)	)								
2nd Wheelchair (WC	;)								
Additional Wheelcha	irs (WC)								
Non-WC IEP Lists Tr	rans as Related Ser	rvice							
TOTAL ELIGIBLE	RIDERS								
Ineligible Public Scho miles OR nonresider									
agreement) (Include ineligible Pre	eschool/Kindergarte	en riders)							
Nonpublic School Ric	ders (ineligible)								
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.									
Signature - Chair, Board of Trustees  Date									
	County Tran	nsnortatio	n Committee Appro	val as ro	auired in	accordance	with Section 2	0_10_132 MC	<u>·</u>
This Application for area assigned to it	or Registration of	School Bus	s and State Reimburs						within the transportation
Signature - Chair, Co	ounty Transportation	n Committee						Date	



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in a	ccordance with	h Title 20, (	Chapter 10, Part 1, MCA	. School di	strict official mu	ıst complete o	ne form for ea	ch bus route that
receives state reimburse		ugh transp	ŭ				Rate Per Mile	
	e Dates: Routes			ounty Sup ber 1		o OPI october 15	\$	\$1.80
County Name			County Number	District	Name			Legal Entity Number
Glacier			18	Brown	ning Public S	Schools		0400 0401
Route #	Length	h of Route	(miles per day)	Type of Service ☐ Bus Route Milea			•	Rated Capacity
5	130			☐ Non Bus Mile Bus Route Mileage				84
Vehicle I.D. # License #							istrict Owne	ed
7311 311					ct - If so, Name cted rate per m			
Reimbursement Distribut	tion- Enter the	legal entity				ment to be pa	id to each dist	rict. Note: Percentages
Legal Entity	I	Legal Entity		atch budget Legal E			Legal Entity	/
			401					
% 60.00 % <i>4</i>			00	%			%	
PASSENGER INFORMA	TION	% 40	.00	70			70	
Number of Preschool/Kin		oils	ELEMENTARY RIDE (Grades PK-8)	ERS	_	SCHOOL RID (Grades 9-12)		TOTAL ELIGIBLE RIDERS
riding this route								
			a NUMBER			b NUMBER		c a + b
Regular (include eligible Pre riders)	school/Kindergar	rten	-			-		
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC	)							
Non-WC IEP Lists Trans as	Related Service							
TOTAL ELIGIBLE RIDE	RS							
Ineligible Public School Ride miles OR nonresident and no								
agreement) (Include ineligible Preschool		lare)						
Nonpublic School Riders (inc		1010)						
TOTAL RIDERS								
County Transportation Comr	mittee. We furthe	er certify that	the route established by the this bus transports pupils at the State Superintendent; to	eligible for sch	nool transportation	n as defined by	20-10-101, MCA	۸.
required; to provide a vehicle Superintendent; and to provi	e which meets the	e minimum s ualified and a	standards as established by	the Board of such vehicle a	Public Education is required by 20-	ı, the Montana H	,	•
						cause for withho	lding of state an	d county reimbursement for
the school boards of both dis	stricts shall be at	tached to the		opy of this do	cument.	-		.,
accordance with 20-10-132,	MCA.		hool year require the filing o					
I certify that this applicati bus operates on the route								
Signature - Chair, Board of Trustees Date								
Co	ounty Transpo	ortation Co	ommittee Approval as	required in	accordance w	rith Section 2	0-10-132, MC	<b>A</b> .
This Application for Regis	stration of Scho	ool Bus an	d State Reimbursement					
area assigned to it by the County Transportation Committee.  Signature - Chair, County Transportation Committee  Date								



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement evaluations.						e one form for e			
<b>Due Dates</b> All Routes				ounty Sup ber 1	To OPI October 15		Rate Per Mile \$0.95		
County Name		(	County Number	District	Name		Legal Entity Number		
Glacier			18		ning Public Schools		0400 0401		
Route #	Length of R	loute (m	niles per day)	Type of	f Service □ Bus Route f □ Non Bus Mi		Rated Capacity		
9	102.6	.,.			toute Mileage	_	48		
Vehicle I.D. # License # 2365 237				<ul> <li>□ District Owned</li> <li>□ Contract - If so, Name of Owner</li> <li>□ Contracted rate per mile</li></ul>					
Reimbursement Distribution- En	ter the legal	entity nu		of state/co	unty reimbursement to be	paid to each dis	strict. Note: Percentages		
Legal Entity Legal Entity			must m	atch budget Legal E		Legal Enti	ty		
0400 0401			1		·				
% 60.00 % 40.0			n	%		%			
PASSENGER INFORMATION	70	10.00							
Number of Preschool/Kindergard riding this route	ten pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS		
			a NUMBER		b NUMBEF	)	c a+b		
Regular (include eligible Preschool/Kindergarten riders)			HOMBER		HOMBEI	`	4 1 5		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg	ance								
Nonpublic School Riders (ineligible)	,								
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.									
I certify that this application for r	0				•	,	9		
Signature - Chair, Board of Trustees	bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.  Signature - Chair, Board of Trustees  Date								
This Application for Registration	County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. his Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation rea assigned to it by the County Transportation Committee.								
Signature - Chair, County Transporta						Date			



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

	<del></del>										
					hapter 10, Part 1, MC ortees of another legal					one form for e	
	Due Dates						ınty Supt	t	To OPI		Rate Per Mile
	All Routes				Oc	ctobe	er 1		October 15		\$1.80
County Name					County Number		District	Name			Legal Entity Number
Glacier					18		Brown	ning Publi	c Schools		0400 0401
Route #		Lengtl	h of Ro	oute (	miles per day)			Type of Service ☐ Bus Route Mileage ☐ Non Bus Mileage			Rated Capacity
3		106			Bus F			oute Mile		age	84
Vehicle I.D. # License #			e #	# District Owned				District Owr	ned		
0061 348							ct - ii so, iva cted rate pe	ame of Owner er mile			
Reimbursement Distribution- Enter the legal e				entity					irsement to be p	aid to each di	strict. Note: Percentages
Legal Entity Legal E				1	matc	h budget Legal E			Legal Enti	ty	
0400			04	.01							
% 60.00 %			40.	00		%			%		
PASSENGER INF											_
	Number of Preschool/Kindergarten pupils				ELEMENTARY RII (Grades PK-8		S	HI	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route											
				a NUMBER			b NUMBER			c a+b	
	Regular (include eligible Preschool/Kindergarten riders)			Nomber				NOMBLIX		a · b	
1st Wheelchair (WC)	)										
2nd Wheelchair (WC	<del>;</del> )										
Additional Wheelcha	irs (WC)										
Non-WC IEP Lists Tr	rans as Related	Service									
TOTAL ELIGIBLE	RIDERS										
Ineligible Public Scho											
miles OR nonresider agreement)											
(Include ineligible Pro Nonpublic School Rice		jarten rid	iers)								
TOTAL RIDERS											
We hereby certify	that this hus wil	II onerate	o ontiro	ly on t	he route established by	the R	oard of Tru	istees and wi	thin the transports	tion area assign	ed and approved by the
County Transportation	on Committee. V	We furthe	er certif	y that	this bus transports pupils ne State Superintendent;	s eligi	ible for sch	ool transport	ation as defined by	/ 20-10-101, MC	A.
required; to provide a	a vehicle which r	meets th	e minin	num s	tandards as established pproved driver to operate	by the	e Board of	Public Educa	tion, the Montana		
We also agree to	refrain from soli	citing or	causing	g othe	rs to solicit students from	n othe	er transport	tation areas.	,	olding of state a	nd county reimbursement for
this bus route.				ŭ						ū	10-126(2) MCA, signed by
					county superintendent's nool year require the filing				and approval of the	County Transp	ortation Committee in
accordance with 20-		egistrat	tion of	scho	ol bus and state reimb	ourse	ement is t	rue and con	nplete to the bes	st of my knowl	edge and belief, and the
bus operates on the	ne route as ap	proved			in the transportation					sportation Co	
Signature - Chair, Bo	oaiu oi Tustees							Date			
This Application 5					mmittee Approval as						
area assigned to it	t by the Count	y Trans	sportati	ion C		nt na	s been re	eviewed and	i i certify that this	s pus operates	s within the transportation
Signature - Chair, Co	ounty Transporta	ation Cor	mmittee	9						Date	



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

								-		
				Chapter 10, Part 1, MC/ ortees of another legal				one form for e	ach bus route that  Rate Per Mile	
	Due Dates All Routes	:			County Sup	t	To OPI October 15		\$0.95	
County Name				County Number	District	Name			Legal Entity Number	
Glacier Route #		I ength of	Poute	(miles per day)		Browning Public Schools  Type of Service □ Bus Route Mil			0400 0401 Rated Capacity	
Noute #		•	rtoute	(Illies per day)	□ Non Bus Mile:					
6 105				Bus Route Mileage				48		
Vehicle I.D. # License #				☐ Distric		me of Owner	istrict Own	ied		
6787		91				acted rate pe				
Reimbursement D		ge of state/conatch budge		rsement to be pa	aid to each dis	strict. Note: Percentages				
Legal Entity		Lega	al Entity	у	Legal E			Legal Entit	ty	
0400			0.	401						
% 60.00 % 40			6 40	.00	%			%		
PASSENGER INF	ORMATION	_				'			_	
Number of Preschool/Kindergarten pupils riding this route				ELEMENTARY RID (Grades PK-8)		HIC	GH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
				a			b		c .	
Regular (include elig	Regular (include eligible Preschool/Kindergarten				NUMBER NUMBER				a + b	
riders)  1st Wheelchair (WC)										
2nd Wheelchair (WC										
,	•									
Additional Wheelcha										
Non-WC IEP Lists Tr	rans as Related	Service								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Scho miles OR nonresider										
agreement) (Include ineligible Pro										
Nonpublic School Ri	ders (ineligible)	arterrinders)								
TOTAL RIDERS										
County Transportation We agree to super required; to provide a	on Committee. Vervision of this but a vehicle which n	Ve further ce us and bus ro neets the mi	rtify that oute by t nimum s	the route established by the this bus transports pupils the State Superintendent; the standards as established by	eligible for so to make such by the Board o	hool transporta reports to the S Public Educat	ation as defined by State Superintende tion, the Montana I	20-10-101, MC nt and County S	A. Superintendent as are	
We also agree to We understand th	refrain from solid	citing or caus	sing othe	approved driver to operate ers to solicit students from julations governing school	other transpo	tation areas.		olding of state a	nd county reimbursement for	
							e agreement betwe	en Boards, 20-	10-126(2) MCA, signed by	
				e county superintendent's on the county superintendent's of the filing			nd approval of the	County Transpo	ortation Committee in	
	accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the									
bus operates on the	ne route as app			hin the transportation s						
Signature - Chair, Bo	oard of Trustees							Date		
				ommittee Approval as						
This Application for area assigned to it					t has been r	eviewed and	I certify that this	bus operates	within the transportation	
Signature - Chair, Co	ounty Transporta	tion Commit	tee					Date		



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e								
<b>Due Dates</b> All Routes				ounty Sup	t To OPI October 15		Rate Per Mile \$0.95	
County Name			County Number	District	Name		Legal Entity Number	
Glacier			18		ning Public Schools		0400 0401	
Route #	Length o	of Route (	(miles per day)	Type o	f Service   Bus Route   Non Bus Mi	•	Rated Capacity	
19	110			Bus Route Mileage 36				
Vehicle I.D. #				□ District Owned □ Contract - If so, Name of Owner				
4991	4991 51				acted rate per mile			
Reimbursement Distribution- En	gal entity		e of state/co		paid to each dis	strict. Note: Percentages		
Legal Entity Legal Entity 0400 0401			1	Legal E		Legal Entit	у	
0401								
% 60.00 % 40			00	%		%		
PASSENGER INFORMATION			ELEMENTARY RIDE	EDQ.	HIGH SCHOOL	DIDEDS	TOTAL	
Number of Preschool/Kindergar riding this route	ten pupils	;	(Grades PK-8)	LNO	(Grades 9-		ELIGIBLE RIDERS	
			a NUMBER		b NUMBER	b NUMBER		
Regular (include eligible Preschool/hriders)	Kindergarte	n				<u>-</u>	a + b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		s)						
TOTAL RIDERS								
	:11			- D T		4-4:		
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for r bus operates on the route as ap								
Signature - Chair, Board of Trustees		,			J > ,	Date		
County 1	Transport	tation Co	mmittee Approval as	required in	accordance with Section	 n 20-10-132, MC	<b>A</b> .	
This Application for Registration area assigned to it by the Count	of Schoo	I Bus and	State Reimbursement					
Signature - Chair, County Transporta	ation Comm	nittee				Date		



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						nplete one form for e		
<b>Due Dates</b> All Routes				ounty Sup ber 1	t To OPI October	15	Rate Per Mile \$1.57	
County Name			County Number	District	Name		Legal Entity Number	
Glacier			18		ning Public Schoo		0400 0401	
Route #	Length o	of Route (	miles per day)	Type o	f Service ☐ Bus Ro	•	Rated Capacity	
12	116			□ Non Bus Mileage Bus Route Mileage 78				
Vehicle I.D. # 9003					ct - If so, Name of Ow	District Owr	ned	
Reimbursement Distribution- Enter the legal entity number a			number and percentage		cted rate per mile	o he naid to each di	strict Note: Percentages	
			must m	atch budge	t!		<u></u> _	
Legal Entity Legal Entity 0400 0401				Legal E	nuty	Legal Enti	ity	
% 60.00 % 4			00	%		%		
PASSENGER INFORMATION	_			_			_	
Number of Preschool/Kindergar riding this route	ten pupils		ELEMENTARY RIDE (Grades PK-8)	ERS		OOL RIDERS es 9-12)	TOTAL ELIGIBLE RIDERS	
		a NUMBER			b 1BER	c a + b		
	Regular (include eligible Preschool/Kindergarten riders)				1401	IDEIX	a + b	
1st Wheelchair (WC)								
2nd Wheelchair (WC)	2nd Wheelchair (WC)							
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement)								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		s)						
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.								
I certify that this application for r bus operates on the route as ap								
	Signature - Chair, Board of Trustees  Date							
County 1 This Application for Registration area assigned to it by the Count	of School	I Bus and						
Signature - Chair, County Transporta			ommuoo.			Date		



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accord receives state reimbursement							one form for ea	ach bus route that	
<b>Due Date</b> All Route				To Co Octol	ounty Supt per 1	To OPI October 15		Rate Per Mile \$1.57	
County Name			County Numb	oer	District	Name		Legal Entity Number	
Glacier			18			ning Public Schools		0400 0401	
Route #	Len	gth of Ro	oute (miles per day)	)	Type of	Service   Bus Route Mi  Non Bus Mile		Rated Capacity	
10 Vehicle I.D. #	52	1:	- 4			oute Mileage		72	
Vehicle I.D. # License # 4992 56				<ul> <li>□ District Owned</li> <li>□ Contract - If so, Name of Owner</li> <li>□ Contracted rate per mile</li></ul>					
Reimbursement Distribution- E	nter the	e legal ei	ntity number and po				aid to each dis	trict. Note: Percentages	
Legal Entity 0400  Legal Entity 0401			must ma	Legal E		Legal Entity	у		
% 60.00 % 40.00			40.00		%		%		
PASSENGER INFORMATION								_	
Number of Preschool/Kindergariding this route	arten pu	upils	ELEMENTA (Grade	ARY RIDE es PK-8)	RS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
				a //BER		b NUMBER		c a+b	
Regular (include eligible Preschool/Kindergarten riders)				MDLI (		NOMBER		u · b	
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Relate	d Servic	е							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e. miles OR nonresident and no atter agreement)	dance								
(Include ineligible Preschool/Kinde Nonpublic School Riders (ineligible		iueis)							
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in									
accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.									
Signature - Chair, Board of Trustee		und	are danopo		4104 4	and a state of the country item	Date		
This Application for Registration	n of Sc	hool Bus	s and State Reimbu			accordance with Section 2 eviewed and I certify that this			
area assigned to it by the Cour Signature - Chair, County Transpor	_						Date		
							İ		



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e									one form for e	ach bus route that
		ough th	анэрс		Ü	, ,				Rate Per Mile
<b>Due Dates</b> All Routes					Octobe	nty Supt r 1		<b>To OPI</b> October 15		\$1.80
County Name				County Number		District	Name			Legal Entity Number
Glacier				18		Brown	ina Pub	lic Schools		0400 0401
Route #	Leng	th of R	oute	(miles per day)	Type of Service ☐ Bus Route Mileage					Rated Capacity
2	56					□ Non Bus Mileage Bus Route Mileage				84
Vehicle I.D. #		Licens	e #						District Owr	~ -
7310		313				Contra		Name of Owner		
Reimbursement Distribution- Er	nter the	e legal e	entity		entage of	f state/co	unty reimb		aid to each di	strict. Note: Percentages
Legal Entity		Legal	Entity		ust mato	h budget Legal Ei			Legal Enti	tv
0400		Logui		101		Loga. L.	incry		Logar Lina	.,
% 60.00		%	40.	00		%			%	
PASSENGER INFORMATION				ELEMENTARY	RIDERS	3	l +	HIGH SCHOOL RI	DERS	TOTAL
Number of Preschool/Kindergar riding this route	ten pu	pils		(Grades Ph		,	'	(Grades 9-12		ELIGIBLE RIDERS
		-		a				b		С
Regular (include eligible Preschool/ł	Kindera	arten		NUMBE	R			NUMBER		a + b
riders)	Kinderg	arteri								
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Service	е								
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attend		3								
agreement) (Include ineligible Preschool/Kinderc		idore)								
Nonpublic School Riders (ineligible)	jarterri	iucis)								
TOTAL RIDERS										
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from sol	We furth ous and meets tensed, o	her certi bus rout the minir qualified	fy that e by to num s and a	this bus transports pone State Superintendent tandards as establish pproved driver to ope	upils eligi ent; to ma ned by the erate such	ible for sch ake such re Board of n vehicle a	ool transpo eports to th Public Edu s required l	ortation as defined by e State Superintende cation, the Montana by 20-10-103, MCA.	20-10-101, MC ent and County	CA. Superintendent as are
We understand that violations of this bus route.									olding of state a	and county reimbursement for
We agree that if this route crosse the school boards of both districts sh								the agreement between	een Boards, 20	-10-126(2) MCA, signed by
We understand route changes of accordance with 20-10-132, MCA.								and approval of the	County Transp	ortation Committee in
I certify that this application for i	_							•	•	•
bus operates on the route as ap Signature - Chair, Board of Trustees	_	u by an	u WIL	iii iiie iiansportatio	on servi	ce area a	ssignea b	y ane County Tran	Date Date	mmillee.
			_							
This Application for Registration	of Scl	hool Bu	s and							
area assigned to it by the Count Signature - Chair, County Transporta				ommittee.					Date	
2 , 1 9 1										



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accord receives state reimbursement			· •	, ,							
<b>Due Dat</b> e All Route					ounty Sup	t To OPI October 15		Rate Per Mile \$1.57			
County Name			Count	y Number	District	Name		Legal Entity Number			
Glacier			18			ning Public Schools		0400 0401			
Route #	Len	gth of Ro	oute (miles p	er day)	Type of	f Service □ Bus Route Mil □ Non Bus Milea		Rated Capacity			
4	72	Linna	- 4		1	Route Mileage		78			
Vehicle I.D. # License # 9005 104					<ul> <li>□ District Owned</li> <li>□ Contract - If so, Name of Owner</li> <li>□ Contracted rate per mile</li></ul>						
Reimbursement Distribution- E	nter th	e legal e	ntity number				aid to each dis	trict. Note: Percentages			
Legal Entity Legal Entity 0400 0401				must m	atch budget Legal E		Legal Entity	у			
% 60.00		%	40.00		%		%				
PASSENGER INFORMATION								_			
Number of Preschool/Kindergariding this route	arten pu	upils		MENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS			
				a NUMBER		b NUMBER		c a + b			
Regular (include eligible Preschool riders)	/Kinderg	garten									
1st Wheelchair (WC)											
2nd Wheelchair (WC)											
Additional Wheelchairs (WC)											
Non-WC IEP Lists Trans as Relate	d Servic	е									
TOTAL ELIGIBLE RIDERS											
Ineligible Public School Riders (i.e. miles OR nonresident and no atter agreement) (Include ineligible Preschool/Kinde	dance										
Nonpublic School Riders (ineligible		ilueis)									
TOTAL RIDERS											
County Transportation Committee. We agree to supervision of this required; to provide a vehicle which Superintendent; and to provide a li We also agree to refrain from so We understand that violations of this bus route. We agree that if this route cross the school boards of both districts.	We fur bus and n meets censed, pliciting of the law ses distrishall be	ther certify bus routed the minim qualified or causing vs, rules continued the times at attached	y that this buse by the State num standards and approved gothers to soliour regulations on the standards to the county standards.	transports pupils e Superintendent; to s as established by driver to operate s icit students from o governing school tr students from outs superintendent's co	eligible for school make such return the Board of such vehicle a other transportation dide the districtory of this door some control of the districtory of this door such as the districtory of	reports to the State Superintender Public Education, the Montana I is required by 20-10-103, MCA tation areas. Will be sufficient cause for withhout, a copy of the agreement between	20-10-101, MC/ ent and County S Highway Patrol a olding of state ar een Boards, 20-	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by			
I certify that this application for	I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.										
Signature - Chair, Board of Trustee		J WIN				gou by the county Itali	Date				
This Application for Registration	n of Sc	hool Bu	s and State I	Reimbursement		accordance with Section 2 eviewed and I certify that this					
area assigned to it by the Cour Signature - Chair, County Transpo	_			ee.			Date				



#### Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 Legal Entity Number County Name County Number District Name **Browning Public Schools** 0400 0401 Glacier 18 Type of Service ☐ Bus Route Mileage Length of Route (miles per day) Route # Rated Capacity □ Non Bus Mileage 48 11 76 **Bus Route Mileage** Vehicle I.D. # License # District Owned □ District Owned □ Contract - If so, Name of Owner 1944 238 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0400 0401 40.00 % % % 60.00 % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

receives state reimbursement e  Due Dates  All Routes	ven though tr				e form for each bus route that  Rate Per Mile  \$1.80
County Name		County Number	er District N	ame	Legal Entity Number
Glacier		18	Brownii	ng Public Schools	0400 0401
Route #	Length of R	oute (miles per day)	Type of S		
Vehicle I.D. #	Vehicle I.D. # License #			•	strict Owned
7312			:- If so, Name of Owner ed rate per mile		
Reimbursement Distribution- Er	nter the legal		rcentage of state/cour		I to each district. Note: Percentages
Legal Entity 0400	Entity 0401	must match budget!  Legal Ent	iity	Legal Entity	
% 60.00	%	40.00	%		%
PASSENGER INFORMATION		EL EN JEN JE A	DV DIDEDO	LUCII COLICOI DIDE	-D0 T0T41
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTAF (Grades		HIGH SCHOOL RIDE (Grades 9-12)	ERS TOTAL ELIGIBLE RIDERS
		a NUMI		b NUMBER	c a + b
Regular (include eligible Preschool/kriders)	Kindergarten				
1st Wheelchair (WC)					
2nd Wheelchair (WC)					
Additional Wheelchairs (WC)					
Non-WC IEP Lists Trans as Related	Service				
TOTAL ELIGIBLE RIDERS					
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance				
Nonpublic School Riders (ineligible)	,arterringere)				
TOTAL RIDERS					
County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of this bus route.  We agree that if this route crosse the school boards of both districts should be understand route changes of accordance with 20-10-132, MCA.	We further certi us and bus rour meets the minin ensed, qualified iciting or causin the laws, rules as district lines a hall be attached courring during to	fy that this bus transport to by the State Superinte mum standards as estab and approved driver to g others to solicit studer or regulations governing and transports students f to the county superinter the school year require the	is pupils eligible for school chedent; to make such replished by the Board of Ploperate such vehicle as its from other transportation with the school transportation with the district, and the filing of an amended the school transportation with the	ol transportation as defined by 20 ports to the State Superintendent ublic Education, the Montana Hig required by 20-10-103, MCA. tion areas.  Il be sufficient cause for withhold a copy of the agreement betweer ment.  TR-1 form and approval of the Co	and County Superintendent as are shway Patrol and the State  ing of state and county reimbursement for a Boards, 20-10-126(2) MCA, signed by county Transportation Committee in
I certify that this application for rouse operates on the route as ap					f my knowledge and belief, and the ortation Committee.
Signature - Chair, Board of Trustees	, ,			· , , , , , , , , , , , , , , , , , , ,	Date
This Application for Registration area assigned to it by the Count	of School Buty Transporta	is and State Reimbur tion Committee.		ccordance with Section 20- iewed and I certify that this b	-10-132, MCA. us operates within the transportation
Signature - Chair, County Transport	ation Committe	e			Date



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

							311001 100	2000 200	•	
		en though				may uti : <b>y Supt</b>	lize the sen		one form for e	ach bus route that Rate Per Mile \$1.80
County Name				County Number		District I	Name			Legal Entity Number
Glacier				18	E	Browning Public Schools				0400 0401
Route #		Length o	f Route				Service [	☐ Bus Route Mil		Rated Capacity
15 31							□ Non Bus Mile Bus Route Mileage			84
Vehicle I.D. # License						District	Owned		istrict Owr	ned
2495 264			4				ct - If so, Na cted rate pe	me of Owner r mile		
Reimbursement D	istribution- Ent	er the leg	al entity		age of st t match t			rsement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity Legal 0400			gal Entity 04			egal Er			Legal Entir	ty
% 60.00 %			% 40.	.00		%			%	
PASSENGER INF	ORMATION	_								_
Number of Preschool/Kindergarten pupils riding this route				ELEMENTARY RI (Grades PK-8			HI	GH SCHOOL RI (Grades 9-12)		TOTAL ELIGIBLE RIDERS
				a NUMBER			b NUMBER			c a + b
Regular (include eligible Preschool/Kindergarten riders)			1				NOWBER		u · b	
1st Wheelchair (WC)										
2nd Wheelchair (WC	)									
Additional Wheelcha	irs (WC)									
Non-WC IEP Lists Tr	ans as Related S	Service								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Scho miles OR nonresider										
agreement) (Include ineligible Pre	eschool/Kinderga	arten riders	5)							
Nonpublic School Ric	ders (ineligible)									
TOTAL RIDERS										
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in									A. Superintendent as are and the State  Ind county reimbursement for 10-126(2) MCA, signed by ortation Committee in	
	oplication for re			ol bus and state reim nin the transportation						edge and belief, and the mmittee.
Signature - Chair, Bo		- ,	-	,			<u> </u>	,	Date	
	r Registration	of School	Bus and							CA. s within the transportation
area assigned to it Signature - Chair, Co				ommittee.					Date	



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in ac receives state reimbursen					strict official must complete ilize the services.	one form for ea	ach bus route that		
	Dates: Routes			ounty Sup ber 1	To OPI October 15		Rate Per Mile \$1.80		
County Name			County Number	District	Name		Legal Entity Number		
Glacier			18		ning Public Schools		0400 0401		
Route #	Lengti	h of Route	e (miles per day)	Type of	f Service □ Bus Route Mi □ Non Bus Mile		Rated Capacity		
13	32			Bus R	toute Mileage		84		
Vehicle I.D. # License # 0060 8				<ul> <li>□ District Owned</li> <li>□ Contract - If so, Name of Owner</li> <li>□ Contracted rate per mile</li> </ul>					
Reimbursement Distribution	on- Enter the	legal entit		of state/co	unty reimbursement to be p	aid to each dis	strict. Note: Percentages		
Legal Entity Legal E				atch budget Legal E		Legal Entit	у		
% 60.00 %			0.00	%		%			
PASSENGER INFORMAT	ΓΙΟΝ	70 -	0.00	70		70			
Number of Preschool/Kind riding this route	dergarten pup	ils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS		
			a NUMBER		b NUMBER		c a + b		
Regular (include eligible Pres	chool/Kinderga	rten	NOWBER		NOWIDER		a + b		
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as R	Related Service								
TOTAL ELIGIBLE RIDER	RS								
Ineligible Public School Rider miles OR nonresident and no									
agreement) (Include ineligible Preschool/k Nonpublic School Riders (inel		lers)							
TOTAL RIDERS	iigibie)								
TOTAL RIDERS									
County Transportation Comm We agree to supervision o required; to provide a vehicle Superintendent; and to provid We also agree to refrain fr We understand that violati this bus route. We agree that if this route the school boards of both dist	ittee. We further this bus and b which meets the a licensed, quom soliciting or ons of the laws, crosses district tricts shall be attages occurring or	er certify the us route by e minimum ualified and causing oth rules or re lines and to the tached to the us route tached to the tached to tached br>tached to tached tached to tached tached tached to tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached tached ta	at this bus transports pupils of the State Superintendent; to a standards as established by d approved driver to operate shers to solicit students from one adjustions governing school transports students from outsine country superintendent's superintendent supe	eligible for school make such rethe Board of such vehicle a ather transportation ide the districtopy of this document.	will be sufficient cause for withh t, a copy of the agreement betw	/ 20-10-101, MC ent and County S Highway Patrol a olding of state a een Boards, 20-	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by		
I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.									
Signature - Chair, Board of Trustees  Date									
Co	unty Transpo	ortation C	Committee Approval as ı	equired in	accordance with Section	 20-10-132, MC	<b>SA</b> .		
	tration of Scho	ool Bus a	nd State Reimbursement		eviewed and I certify that this				
Signature - Chair, County Tra						Date			



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

	mbursement ev	en though		Chapter 10, Part 1, MC/ ortees of another legal	entity may u	tilize the serv	rices.	one form for e	ach bus route that Rate Per Mile	
	<b>Due Dates</b> All Routes	<b>::</b>			County Sup ober 1	t	To OPI October 15		\$1.36	
County Name				County Number	District	Name			Legal Entity Number	
Glacier				18	Cut B	ank Public	Schools		0402 0403	
Route #		Length of	Route	(miles per day)	Type of Service ☐ Bus Route Mi				Rated Capacity	
7		16			□ Non Bus Mile Bus Route Mileage			age	66	
Vehicle I.D. #	nse #		□ Distric		•	District Own				
3945		181				ct - If so, Na cted rate per	me of Owner mile			
Reimbursement D	istribution- En	ter the lega	al entity		ge of state/co		sement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity		Lega	al Entit	у	Legal E			Legal Entit	ty	
0402				403						
% 60.00 %				.00	%			%		
PASSENGER INF	ORMATION			ELEMENTA DV DID	EDC.	1116	NI COLIOOL DI	DEDC	TOTAL	
Number of Presch riding this route	nool/Kindergart	en pupils		ELEMENTARY RID (Grades PK-8)	EKS	nic	Grades 9-12		TOTAL ELIGIBLE RIDERS	
				a NUMBER			b NUMBER		c a+b	
Regular (include elig	ible Preschool/K	indergarten		NOMBER			HOMBER		4 . 5	
riders)  1st Wheelchair (WC)	)									
2nd Wheelchair (WC	<b>(</b> )									
Additional Wheelcha	irs (WC)									
Non-WC IEP Lists To	rans as Related	Service								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Schomiles OR nonresider										
agreement) (Include ineligible Pr	eschool/Kinderg	arten riders)								
Nonpublic School Ri	ders (ineligible)	<b>,</b>								
TOTAL RIDERS										
County Transportation We agree to supe	on Committee. Vervision of this bu	Ve further ce us and bus ro	ertify that oute by t	the route established by the this bus transports pupils the State Superintendent; the standards as established be	eligible for scl to make such i	nool transporta reports to the S	tion as defined by State Superintende	20-10-101, MC ent and County :	A. Superintendent as are	
We also agree to We understand the	refrain from solid	citing or caus	sing othe	approved driver to operate ers to solicit students from julations governing school t	other transpor	tation areas.		olding of state a	nd county reimbursement for	
the school boards of	both districts sh	all be attach	ed to the	e county superintendent's o	copy of this do	cument.	· ·		10-126(2) MCA, signed by	
accordance with 20-	We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the									
				ool bus and state reimbu hin the transportation se						
Signature - Chair, Bo		j		·			·	Date		
	County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.  This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.									
Signature - Chair, Co				Johnmuee.				Date		



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							ete one form for e	each bus route that	
Due Dates		ough han	operiods of direction is	Ü	nty Supt			Rate Per Mile	
All Routes				Octobe		October 15	i	\$1.57	
County Name			County Number		District	Name		Legal Entity Number	
Glacier			18		Cut Ba	ank Public Schools		0402 0403	
Route #	Leng	th of Rou	ite (miles per day)			Service   Bus Route	-	Rated Capacity	
5 & 7 alternate	32				☐ Non Bus Mileage Bus Route Mileage			72	
Vehicle I.D. #		License	#		District	Owned	District Ow	ned	
8105 299						ct - If so, Name of Owne cted rate per mile	er 		
Reimbursement Distribution- Er	nter the	e legal en			f state/co h budget		e paid to each di	strict. Note: Percentages	
Legal Entity		Legal E	ntity	aot mate	Legal E		Legal Ent	ity	
0402			0403						
% 60.00 %			40.00		%		%		
PASSENGER INFORMATION			EL EMENTA DV	DIDED		1,110,110,0110,01	DIDEDO	TOTAL	
Number of Preschool/Kindergar riding this route	ten pu	pils	ELEMENTARY (Grades Pl		5	HIGH SCHOOI (Grades 9		TOTAL ELIGIBLE RIDERS	
			a NUMBE	:D		b NUMBE		C C	
Regular (include eligible Preschool/k	 Kinderga	arten	NOMBE	.r.		INOIVIDE	-r	a + b	
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service	Э							
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attend		3							
agreement) (Include ineligible Preschool/Kinderg		iders)							
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of this bus route.  We agree that if this route crosse the school boards of both districts sf We understand route changes of accordance with 20-10-132, MCA. I certify that this application for i bus operates on the route as ap Signature - Chair, Board of Trustees	We furth us and I meets the meets the meets the meets to ensed, conciting on the laws as districted all be accurring registrate proved	her certify bus route he minimu qualified at or causing s, rules or et lines and during the atton of so d by and	that this bus transports p by the State Superintend im standards as establish ind approved driver to ope others to solicit students regulations governing sc d transports students from the county superintende e school year require the chool bus and state re within the transportation	pupils eligi lent; to maned by the ned by the result of the from othe school trans on outside ent's copy filing of a eimburse on servio	ible for sch ake such re e Board of n vehicle a er transport sportation the district of this doo n amended ement is to ce area a	nool transportation as define eports to the State Superint Public Education, the Monts is required by 20-10-103, Matation areas.  will be sufficient cause for with a copy of the agreement becament. It is a copy of the approval of the agreement of the county of the signed by the county of the cou	d by 20-10-101, MC endent and County ana Highway Patrol CA.  withholding of state a between Boards, 20 f the County Transp best of my knowl ransportation Co	CA. Superintendent as are and the State and county reimbursement for -10-126(2) MCA, signed by cortation Committee in edge and belief, and the immittee.	
County 1 This Application for Registration area assigned to it by the County	of Sch	hool Bus	and State Reimburse			accordance with Secti eviewed and I certify that			
Signature - Chair, County Transport			ii Committee.		Date				



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordance receives state reimbursement events.						one form for ea	ach bus route that		
<b>Due Dates</b> All Routes				County Supober 1	t To OPI October 15		Rate Per Mile \$1.57		
County Name			County Number	District	Name		Legal Entity Number		
Glacier			18	Cut B	ank Public Schools		0402 0403		
Route #	Length o	f Route (	miles per day)	Type o	Service   Bus Route Mi	-	Rated Capacity		
6	113			Bus R	□ Non Bus Mile Route Mileage	age	72		
Vehicle I.D. #	Vehicle I.D. # License #					District Own	ed		
4610	85				ct - If so, Name of Owner cted rate per mile				
Reimbursement Distribution- En	iter the leg	al entity		e of state/co		aid to each dis	trict. Note: Percentages		
Legal Entity 0402	Leg	gal Entity		Legal E		Legal Entity	у		
U402 		04							
% 60.00		% 40.	00	%		%			
PASSENGER INFORMATION			EL EMENTA DV DIDI	-00	LIIOU AQUAQU DI	DEDO	TOTAL		
Number of Preschool/Kindergard riding this route	ten pupils		ELEMENTARY RIDE (Grades PK-8)	=RS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
			a NUMBER		b NUMBER		c a + b		
Regular (include eligible Preschool/k	Kindergarten	1	NOMBER		NOMBER		a · b		
riders) 1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	ance	)							
TOTAL RIDERS									
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this but required; to provide a vehicle which in Superintendent; and to provide a lice. We also agree to refrain from soil in We understand that violations of this bus route.  We agree that if this route crosses the school boards of both districts should be with the school boards of both districts should be understand route changes of accordance with 20-10-132, MCA. I certify that this application for rous operates on the route as ap Signature - Chair, Board of Trustees	We further cus and bus in meets the mensed, qualificiting or cauthe laws, rules a district line all be attacticularing during during proved by	ertify that route by the troute by the troute by the troute by the troute and a using other less or regulars and trained to the ng the school of school	this bus transports pupils the State Superintendent; to tandards as established by pproved driver to operate is reto solicit students from culations governing school the insports students from outs county superintendent's cool year require the filing of the state o	eligible for school make such in the Board of it which each their transportation which each their transportation which exists the distriction opp of this do of an amende treement is the same and the same each exist.	nool transportation as defined by eports to the State Superintend. Public Education, the Montana is required by 20-10-103, MCA. tation areas. will be sufficient cause for withh t, a copy of the agreement betwoument. d TR-1 form and approval of the rue and complete to the bes	y 20-10-101, MC/ ent and County S Highway Patrol a olding of state ar een Boards, 20- County Transpo	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in edge and belief, and the		
Signature - Chair, Board of Trustees Date									
County T This Application for Registration area assigned to it by the Count	of School	Bus and	State Reimbursement		accordance with Section 2 eviewed and I certify that this				
Signature - Chair, County Transporta	ation Comm	ittee			Date				



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This fame is negative	- d :	:41- T:41	- 20 0	Shantan 40 Dant 4 MC	۸ ۵	نام اممامان	Aniak afficial		former for a	h
				Chapter 10, Part 1, MCA ortees of another legal					one form for e	ach bus route that
		ŭ		· ·		, ,				Rate Per Mile
	Due Dates: All Routes				C <b>ou</b> i ober	nty Supt · 1		To OPI October 15		\$1.36
						•				
County Name				County Number		District	Name			Legal Entity Number
Glacier				18		Cut Ba	ank Public	c Schools		0402 0403
Route #		Length of	Route (	(miles per day)		Type of Service □ Bus Route Mileage			leage	Rated Capacity
2		130				D D		□ Non Bus Mile	age	66
Vehicle I.D.#		Licen	se #		$\frac{1}{1}$	Bus R	oute Mile		District Owr	
			00 II					ame of Owner	JISHICI OWI	ieu
3233		286					cted rate pe			
Reimbursement Di	stribution- Ente	er the legal	entity					rsement to be p	aid to each dis	strict. Note: Percentages
Legal Entity		Lega	l Entity		natch	h budget Legal E			Legal Enti	tv
0402		Logo		103		Loga. L	incry		Logai Liiti	.,
% 60.00		%	40.	00		%			%	
PASSENGER INFO	ORMATION		1				ı			
Number of Prescho	ool/Kindergarte	en pupils		ELEMENTARY RID (Grades PK-8)	ERS	5	HI	GH SCHOOL RI Grades 9-12)		TOTAL ELIGIBLE RIDERS
riding this route				(3.4433.113)				(0.0000	•,	
				a				b		С
				NUMBER				NUMBER		a + b
Regular (include eligil riders)	ble Preschool/Kii	ndergarten								
1st Wheelchair (WC)										
2nd Wheelchair (WC)	)									
Additional Wheelchair	rs (WC)									
Non-WC IEP Lists Tra	ans as Related S	Service								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Scho										
miles OR nonresident agreement)	t and no attendar	nce								
(Include ineligible Pre Nonpublic School Rid		rten riders)								
	ioro (irrolligibio)									
TOTAL RIDERS										
				the route established by the						
				this bus transports pupils he State Superintendent; t						
				tandards as established b					Highway Patrol	and the State
We also agree to	refrain from solici	iting or caus	ing othe	ers to solicit students from	other	r transpor	ation areas.			
We understand the this bus route.	at violations of th	ne laws, rules	s or regu	ulations governing school	trans	portation	will be sufficie	ent cause for withh	olding of state a	nd county reimbursement for
				nsports students from outs county superintendent's o				e agreement betw	een Boards, 20-	10-126(2) MCA, signed by
We understand ro	ute changes occ			nool year require the filing				and approval of the	County Transp	ortation Committee in
accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the										
bus operates on th	e route as app			nin the transportation se					sportation Co	
Signature - Chair, Bo	ard of Trustees								Date	
	County Tr	ransportat	ion Co	mmittee Approval as	requ	uired in	accordanc	e with Section 2		CA.
	r Registration of	of School E	us and	d State Reimbursemen						s within the transportation
area assigned to it Signature - Chair, Co				ommuce.					Date	
	•								ĺ	



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This famous is no south	- d ( d	: : : : T:A!	- 00 0	la antan 40 Dant 4 MO	A 0	-11 -1:			6 6	
				hapter 10, Part 1, MCA					one form for e	ach bus route that
				· ·	•	,				Rate Per Mile
	Due Dates: All Routes				Cour ober	nty Supt		To OPI October 15		\$1.36
						•				
County Name				County Number		District	Name			Legal Entity Number
Glacier				18		Cut Ba	ank Publi	c Schools		0402 0403
Route #		Length of F	Route (	miles per day)			Service	□ Bus Route Mi	J	Rated Capacity
1		178				Due D		□ Non Bus Mile	age	64
Vehicle I.D. #		Licen	se#			District	oute Mile		District Owr	<u> </u>
								ame of Owner	JISTI IOT OWI	icu
1062		211				Contra	cted rate pe	er mile		
Reimbursement Di	stribution- Ente	er the legal	entity i					irsement to be p	aid to each dis	strict. Note: Percentages
Legal Entity		Lega	I Entity		nater	n budget Legal E			Legal Enti	tv
0402			04			Ü	,			
% 60.00		%	40.0	00		%			%	
PASSENGER INFO	ORMATION		T	ELEMENTARY RID	<u> </u>		1111	GH SCHOOL RI	DEDC	TOTAL
Number of Prescho	ool/Kindergarte	en pupils		(Grades PK-8)	EKS			Grades 9-12)		ELIGIBLE RIDERS
riding this route										
				a				b		С
Dogular (include aliai	hla Draashaal/Kii	ndoranton		NUMBER				NUMBER		a + b
Regular (include eligil riders)	bie Preschool/Kii	ndergarten								
1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchair	rs (WC)									
Non-WC IEP Lists Tra	ans as Related S	Service								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Scho										
miles OR nonresident agreement)	t and no attendar	nce								
(Include ineligible Pre Nonpublic School Rid		rten riders)								
	lers (irieligible)									
TOTAL RIDERS										
We hereby certify	that this bus will	operate enti	rely on t	he route established by th	ne Bo	ard of Tru	stees and wi	thin the transporta	tion area assign	ed and approved by the
County Transportation	n Committee. W	e further cer	tify that	this bus transports pupils ne State Superintendent; t	eligib	ole for sch	ool transport	ation as defined by	20-10-101, MC	A.
required; to provide a	vehicle which m	eets the min	imum st	andards as established b	y the	Board of	Public Educa	tion, the Montana		
				pproved driver to operate rs to solicit students from				20-10-103, MCA.		
We understand that this bus route.	at violations of th	ie laws, rules	or regu	llations governing school	transp	portation	will be sufficie	ent cause for withh	olding of state a	nd county reimbursement for
We agree that if th								e agreement betw	een Boards, 20-	10-126(2) MCA, signed by
				county superintendent's cool year require the filing				and approval of the	County Transp	ortation Committee in
accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the										
				in the transportation se						
Signature - Chair, Boa	ard of Trustees								Date	
	County Tr	ansnortati	ion Co	mmittee Approval as	rea	lired in	accordance	e with Section	 20-10-132 M/	ΣΔ
	r Registration of	of School B	us and	State Reimbursement						s within the transportation
area assigned to it Signature - Chair, Co				ommittee.					Date	
orginature - Criair, CO	unty mansportat		c <del>c</del>						Date	



## Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

		ven though s:				tilize the serv		one form for e	ach bus route that Rate Per Mile \$0.95
County Name				County Number	District	Name			Legal Entity Number
Glacier				18	Cut B	ank Public	Schools		0402 0403
Route # Length of Route			(miles per day)	Type of Service ☐ Bus Route Mil				Rated Capacity	
8 24					Bus F	Route Mile	□ Non Bus Milea aαe	age	21
Vehicle I.D. #	ense #		□ Distric	t Owned	D	istrict Own	ied		
2339		55				ict - If so, Na icted rate pe	me of Owner r mile		
Reimbursement D	istribution- En	ter the lega	al entity				rsement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity		Leg	al Entity		match budge Legal E			Legal Entit	ty
				403		·			
% 60.00 % <i>4</i>			% 40	.00	%			%	
PASSENGER INF			70 -10	.00	,,,			70	-
Number of Presch riding this route	ool/Kindergart	ten pupils		ELEMENTARY RID (Grades PK-8)		HIC	GH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
				a	b NUMBER			c .	
Regular (include eligible Preschool/Kindergarten			1	NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)	1								
2nd Wheelchair (WC	·)								
Additional Wheelcha	irs (WC)								
Non-WC IEP Lists Tr	rans as Related	Service							
TOTAL ELIGIBLE	RIDERS								
Ineligible Public Schomiles OR nonresider agreement) (Include ineligible Pro Nonpublic School Richards)	nt and no attendates	ance	)						
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-1011, MCA.  We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the									
	ne route as ap	proved by		hin the transportation s					
olghatule - Ollall, BC	oard or Trustees							Dale	
County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.  This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.									
Signature - Chair, Co	ounty Transporta	ation Commi	ittee					Date	



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda	nce with	Title 20, C	Chapter 10, Part 1, MCA	. School di	strict official	must complete of	ne form for e	ach bus route that		
receives state reimbursement e	ven thoug	gh transpo	ortees of another legal e	entity may u	ilize the ser	vices.		Rate Per Mile		
Due Dates All Routes				ounty Sup	t	To OPI October 15		\$1.36		
All Routes	'		0010	DCI I		OCIODEI 10		ψ1.00		
County Name			County Number	District	Name		Legal Entity Number			
Glacier			18			c Schools		0402 0403		
Route #	Length	of Route	(miles per day)	Type of		<ul><li>□ Bus Route Mile</li><li>□ Non Bus Mile</li></ul>	J	Rated Capacity		
4		Bus F	oute Mile		ige	66				
Vehicle I.D. #	cense #		□ District		Eame of Owner	istrict Own	ied			
2487	13	32			ct - ii so, iva					
Reimbursement Distribution- En	nter the le	gal entity				rsement to be pa	id to each dis	strict. Note: Percentages		
Legal Entity	Le	egal Entity		atch budget Legal E			Legal Entit	ty		
0402		04	103							
% 60.00		% 40.	00	%			%			
PASSENGER INFORMATION		/0 <del>4</del> U.		-70			/0			
Number of Preschool/Kindergar	ten nunils	9	ELEMENTARY RIDE (Grades PK-8)	ERS	HIG	GH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS		
riding this route			(Glades i R-o)			(Oraccs 5-12)		LEIGIBLE RIBERO		
			а			b		С		
Regular (include eligible Preschool/h	Regular (include eligible Preschool/Kindergarten			NUMBER				a + b		
riders) 1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	Contino									
	Service									
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attend										
agreement) (Include ineligible Preschool/Kinderg	garten rider	rs)								
Nonpublic School Riders (ineligible)										
TOTAL RIDERS										
We hereby certify that this bus wi	ill operate	entirely on t	the route established by the	e Board of Tri	ı ıstees and wit	thin the transportati	on area assign	ed and approved by the		
County Transportation Committee. We agree to supervision of this b	We further	certify that	this bus transports pupils e	eligible for sch	nool transporta	ation as defined by	20-10-101, MC	A.		
required; to provide a vehicle which Superintendent; and to provide a lice							lighway Patrol	and the State		
We also agree to refrain from soli We understand that violations of	iciting or ca	ausing othe	ers to solicit students from o	ther transpor	tation areas.		olding of state a	nd county reimbursement for		
this bus route.  We agree that if this route crosse										
the school boards of both districts sh	nall be atta	ched to the	county superintendent's co	opy of this do	cument.	· ·	•	( ) , , ,		
accordance with 20-10-132, MCA.	We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the									
bus operates on the route as ap	proved b						sportation Co			
Signature - Chair, Board of Trustees	; <u> </u>						Date			
County 1	Franspor	tation Co	mmittee Approval as	required in	accordance	e with Section 2	0-10-132. MC	<b>CA</b> .		
This Application for Registration	of School	ol Bus and	d State Reimbursement							
area assigned to it by the Count Signature - Chair, County Transporta			ommuce.				Date			



# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Page Entity    Decided   D	This form is required in accorda	nce with 1	Title 20, C	Chapter 10, Part 1, MCA	. School di	strict official	must complete of	ne form for e	ach bus route that	
County Name Clacler Clack Clac	receives state reimbursement e	h transpo				services.		Rate Per Mile		
County Name    County Number   District Name   Legal Entity Number						t			\$1.36	
Glacier 18 Cut Bank Public Schools O402 0403  Route # Length of Route (miles per day) Type of Service District Owned District	All Notics		October 1			October 13		ψ1.00		
Record #   Length of Route (miles per day)   Super of Service   Dus Route Mileage   Show Bus Mileage   Sho	County Name		County Number District Name					Legal Entity Number		
Salar   Sala										
Sus Route Mileage   66	Route #	Length o	of Route (					J	Rated Capacity	
Reimbursement Distribution- Enter the legal entity number and percentage of stateCounty reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity 0402  Legal Entity 0403  Legal Entity 0400  % 40.00  %  Reimbursement Distribution- Enter the legal entity number and percentage of stateCounty reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity 0400  % 40.00  %  Regaler Entity 0400  M 40.00  M 4		97				Bus Route Mileage			66	
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget!  Legal Entity 0402	Vehicle I.D. #	Lic	ense #							
Legal Entity 0402 Legal Entity 0403 % 60.00 % 96 %  PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) Regular (include eligible Preschool/Kindergarten pupils (Grades PK-8) Regular (include eligible Preschool/Kindergarten pupils Regular (include eligible Preschool/Kindergarten pupils Regular (include eligible Preschool/Kindergarten Int Wheelchair (WC) Additional Wheelchair (WC) Additional Wheelchairs (WC) Additional Wheelchairs (WC) Regular (include eligible Preschool/Kindergarten pupils Regular (include eligible Regular (include eligible) Regula	0864	0864 58								
Legal Entity 0402  We 60.00  We 60.0	Reimbursement Distribution- Er	nter the leg	gal entity				irsement to be pa	id to each dis	strict. Note: Percentages	
PASSENGER INFORMATION  Indicate of Preschool/Kindergarten pupils (Grades PK-8) (Grades	Legal Entity	Le		Entity					Legal Entity	
PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils (Grades PK-8)  Regular (include eligible Preschool/Kindergarten pupils (Grades PK-8)  Regular (include eligible Preschool/Kindergarten number of Preschool/Kindergarten	0402		04							
PASSENGER INFORMATION  Number of Preschool/Kindergarten pupils (Grades PK-8)  Regular (include eligible Preschool/Kindergarten pupils (Grades PK-8)  Regular (include eligible Preschool/Kindergarten number of Preschool/Kindergarten	% 60.00		% 40	40.00				%	0/2	
Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades 9-12) ELIGIBLE RIDERS a b C C a + b D NUMBER			70 40.	00	70			70	_	
Regular (include eligible Preschool/Kindergarten inders)  1st Wheelchair (WC)  2nd Wheelchair (WC)  2nd Wheelchair (WC)  Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (include ineligible Preschool/Kindergarten inders)  Nonpublic School Riders (ineligible)  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent, to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Annata Highway Patrol and the State Superintendent, and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to scilicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be altached to the county superintendent's copy of this document. We understand route danges occurring during the school year require the filing of an amended TR-1 f	Number of Preschool/Kindergar	ten pupils			RS				_	
Regular (include eligible Preschool/Kindergarten iders)  1st Wheelchair (WC)  2nd Wheelchair (WC)  Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)  (Include ineligible Preschool/Kindergarten riders)  Nonpublic School Riders (neligible)  TOTAL RIDERS  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.  We agree to supervision of this bus and bus route by the State Superintendent, to make such reports to the State Superintendent and county Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education the Montana Highway Patrol and the State Superintendent, and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refar in rom soliciting or causing others to solicit students from other transportation areas assigned and approved by the We also agree to refar in rom soliciting or causing others to solicit students from other transportation areas the vehicle as and transportation areas.  We also agree to refar in rom soliciting or causing others to solicit students from other transportation areas.  We also agree to refar in rom soliciting or causing others to solicit students from other transportation areas to the vehicle as and transportation areas.  We agree that if this route causing others to solicit students from outled transportation areas.  We understand that volations of the laws, rules or regulations governing school transportation areas from the transportation committee in accordance with 20-10-132, MCA.  Total Transportation Committee Approval as required in acc						(Grades 5-1		) ELIGIBLE RIDER		
Regular (include eligible Preschool/Kindergarten inders)  Ist Wheelchair (WC)  2nd Wheelchair (WC)  Additional Wheelchairs (WC)  Non-WC IEP Lists Trans as Related Service  TOTAL ELIGIBLE RIDERS  Ineligible Public School Riders (i.e., under 3 miles oR norresident and no attendance agreement).  Ineligible Public School Riders (i.e., under 3 miles oR norresident and no attendance agreement).  (Include neligible Preschool/Kindergarten riders)  We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school Iransportation as defined by 20-10-101. MCA.  We agree to supervision of this bus and bus route by the State Superintendent or ports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent and to provide a linemach, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA.  We also agree to refrain from soliciting or causing others to solicit students from other transportation areas.  We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route.  We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-12E(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.  We understand that violations of the laws, rules or require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.  This Application for Registration of School Bus and State reimbursement is true and co				a			-		С	
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# Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is requir	ed in accordar	nce with T	itle 20, (	Chapter 10, Part 1, MCA	A. Schoold	strict official	must complete of	one form for e	ach bus route that
receives state reimbursement even though transportees of another legal								Rate Per Mile	
<b>Due Dates:</b> All Routes				To County Supt To OPI October 1 October 15					\$1.36
County Name			County Number	Distric	District Name			Legal Entity Number	
Glacier				18	Cut E	Cut Bank Public Schools			0402 0403
Route #		Length o	f Route	ute (miles per day) Type of Service ☐ Bus Ro			Bus Route Mil	J	Rated Capacity
5	5 97					□ Non Bus Mile Bus Route Mileage			66
Vehicle I.D. # License #			ense #	- District Owned			_	District Own	ied
8470		92		☐ Contract - If so, Name of Own☐ Contracted rate per mile					
Reimbursement D	istribution- En	ter the leg	al entity				sement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity		Le	gal Entity			ch budget! Legal Entity		Legal Entity	
0402			04	0403					
% 60.00			% 40	40.00		%		%	
PASSENGER INF		-	,,,						
Number of Presch riding this route	Number of Preschool/Kindergarten pupils riding this route			ELEMENTARY RIDER (Grades PK-8)		HIGH SCHOOL RID (Grades 9-12)			TOTAL ELIGIBLE RIDERS
				a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/Kindergarten			n	NOMBER			NOWIDER		a + b
riders) 1st Wheelchair (WC)	)								
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related Service									
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance									
agreement) (Include ineligible Preschool/Kindergarten riders)		s)							
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
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